

(This form is required for any Fire Officer examination, if appropriate.)

MASSACHUSETTS FIRE TRAINING COUNCIL

FIRE OFFICER CERTIFICATION PREREQUISITE FORM

To Be Completed by the Chief of Department

Type or Print Name of Applicant

is serving as a fire officer with the rank of _____

in the _____, Massachusetts Fire Department and has been

serving in this rank since _____.
Date

(SPECIAL NOTE: Candidates applying for **Fire Officer II** certification must have been appointed to the officer rank of “Captain” or above prior to January 1, 1995 and currently serving as such.)

Chief of Department Signature

Date